| | Index of Claims | | | | | | | | | | | | | Application No. | | | | | | | | | | Applicant(s) | | | | | | | |
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| - | | 35 36 | | - | | | | <u> </u> | _ | | 4 | | 85 86 | - | - - | - | - | _ | - | ++ | 4 : | _ | 135 | | _ | + | \vdash | | | - | |
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| | | 43 | | | | | | | | | \exists | | 93 | 丁 | | | \square | | | |] | | 143 | | | | | | | | |
| <u> </u> | | 44 | | _ | | | _ | <u> </u> | L. | \vdash | _ | | 94 | \perp | + | 1 | Н | L | L | | | | 144 | | \perp | \perp | H | | | \perp | |
| | \dashv | 45 46 | \vdash | \dashv | | - | _ | \vdash | Ë | \dashv | - | - | 95 96 | + | +- | - | ╁╌┤ | - | \vdash | ++- | - | | 145 146 | | - | + | - | \dashv | + | + | |
| <u> </u> | | 47 | | | | | | | | | ╣. | | 97 | $=$ \vdash | \dagger | T | \Box | _ | | ++ | 7 | | 147 | | \dashv | \top | $\dagger \dagger$ | \dashv | + | \dagger | |
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